LOS ANGELES COUNTY
Commission ON HIV HEALTH SERVICES

600 South Commonwealth Avenue, 6th Floor ● Los Angeles, CA 90005 ● TEL 213.351.8127 ● FAX 213.738.9371

While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Committee members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote.

COMMISSION MEETING MINUTES
February 12, 2004

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT	STAFF PRESENT
Al Ballesteros, *Co-Chair*	Adrian Aguilar	Ashish Abraham	Charlene Abe
Nettie DeAugustine, *Co-Chair*	Richard Corian	Alicia Avalos	Sandra Bible
Ruben Acosta	Ruth Davis	Cinderella Barrios-Cernik	Angela Boger
Jayne Adams	Nancy Eugenio	Ron Brooks	Libby Boyce
Carla Bailey	Alexander Gonzales	Minerva Cohen	Gordon Bunch
Carrie Broadus	Wilbert Jordan	Julie Coveney	John Ellis
Robert Butler	Michael Lewis	Julie Cross	Patty Gibson
Charles Carter	Dani Mejia	Alex Cuatro	Raymond Johnson
Michael Gray	Mark Parra	Aida Lao Delgado	Leticia Martinez
Richard Eastman	Alexis Rivera	Tony Filippi	Jane Nachazel
Whitney Engeran	Paul Scott	Alex Garcia	Ijeoma Nwachuku
William Fuentes	Fontaine Shockley	Maria Garey	Martha Ruiz
David Giugni	Vanessa Talamantes	Stan Gelperson	Rene Seidel
John Griggs		Monavel Holguin	Diana Vasquez
Richard Hamilton		Miki Jackson	John Villegas-Grubbs
Marc Haupert		Elliot Johnson	Craig Vincent-Jones
Charles Henry		Sophesias Johnson	Nicole Werner
Rebecca Johnson-Heath		Jan Le	Juhua Wu
Marcy Kaplan		Julie Lewis	
Brad Land		Maxine Liggins	
Anna Long		Luis Lopez	
Andrew Ma		Miguel Martinez	
Elizabeth Marte		Elizabeth Mediano	
Edric Mendia		Audruin Pittman	
Vicky Ortega		Leslie Poston	
Dean Page		Jane Price	
Chris Perry		Louis Rafti	
John Palomo		Carson Remove	
Dana Pierce-Hedge		Neisha Reynolds	
Wendy Schwartz		Sabel Samone	
Kevin Van Vreede		Natalie Sanchez	
Kathy Watt		Kimberly Scott	
Fariba Younai		Stephen Simon	
		John Smith	
		Jim Stewart	
		Alex Torrez	
		Doris Wahl	
		Doug Williams	
		Jan Wise	

I. **CALL TO ORDER**: Mr. Ballesteros called the meeting to order at 9:40 a.m.

II. **APPROVAL OF AGENDA:** The HIV Epidemiology Report was moved later in the agenda. The agenda was then approved without objection (**MOTION #1**).

III. **APPROVAL OF MEETING MINUTES**: The minutes of the January 8, 2004 meeting were unanimously approved with the addition of *William Fuentes'* name to those in attendance, and the following alterations to the State Office of AIDS Report indicated in *italics* (**MOTION #2**):

- Tom McCaffrey ~~had been reported~~ *is* the new Deputy Director of Health and Human Services, replacing David Soulalis.
- OA has been discussing cost-containment strategies for the ADAP program. ~~and~~ *Local jurisdictions are* dealing with the challenges of cutbacks in viral load and resistance testing.
- The impact of proposed cutbacks on undocumented citizens: OA programs are blind to status, *she replied,* and that information is not compiled;

Mr. Vrooman, Being Alive—*South Bay*, reported on the California Disability Community Action Network teleconferencing meetings.

IV. **PARLIAMENTARY TRAINING**: Mr. Stewart noted that the Commission could not address individual providers. Therefore, Commissioners affiliated with a provider as an employee or Board member must abstain from voting on items pertaining to that provider's service category and must disclose the affiliation when contributing to such discussions. The conflict of interest guidelines do not apply when discussing allocations as a whole or a significant number of service categories.

V. **PUBLIC COMMENT**: Ms. Coveney said she would continue to advocate on behalf of the Patients' Bill of Rights until it was fully implemented. Mr. Torrez first apologized for prematurely identifying himself in a recent letter as a Commissioner for Supervisorial District 1. However, he did wish to voice complaints that were brought to him regarding the quality of care at LAC+USC 5P21, as well as alleged refusal of care for an undocumented person. The Co-Chairs requested a response from OAPP and the department as appropriate. Mr. Henry noted patients with specific complaints could contact Diana Vasquez, as OAPP contracts services from 5P21. Systemic issues are more complex as they involve the hospital administration. Mr. Stewart reminded Commissioners that they should not respond to Public Comment during the Public Comment portion of the agenda.

Ms. Jackson, AHF, reported that on January 3rd the Board of Supervisors (BOS) sent a directive to the Department of Health Services to draft an ordinance requiring operators of sex clubs and bathhouses to allow testing in their venues. Testing was tried on a voluntary basis for about 18 months, but few owners cooperated. AHF did not bid on the contract renewal, but strongly supports the program. Of those tested, 11% were positive. AHF requested a report back in May on program progress, and Ms. DeAugustine agreed.

VI. **CO-CHAIR'S REPORT**

- **Membership Structure Recommendations**: Ms. DeAugustine reported that the Executive Committee met with Greg Polk, of the CAO's office, representing the joint departmental group addressing the subject. That group had developed proposals of 20 and 32 members, but were open to meeting jointly with Commission representatives. It was decided that the seven-member Commission work group that developed the proposal approved by the Commission would meet with the joint departmental group at the earliest opportunity.

- **Commission Transition Update**: Ms. DeAugustine was a member of the preliminary interview panel for five Executive Director candidates. Three candidates came out of that process and will be interviewed by the Executive Committee to develop a recommendation for the Executive Office. The Executive Committee was chosen to act in the stead of a personnel committee since it broadly represents the full Commission, and it can act as a conduit for questions from the body as a whole and its constituents. The meeting is planned for February 26th and, as a personnel meeting, will be closed per County procedure. In response to questions, Ms. Abe said the Executive Officer, Violet Varona-Lukens, is the appointing authority for the position. She will interview the three candidates and will consider the Commission's input. Ms. Abe anticipated final selection of the Executive Director in March.

- **City of LA White Paper**: Mr. Simon, the new City of Los Angeles AIDS Coordinator, reported that the White Paper is essentially an internal City document designed to enhance awareness and education within the Mayor's Office, the City Council, City departments and Neighborhood Councils. It is not designed as a prevention plan or formal needs assessment. It was presented to the Mayor and the City Council by the Mayor's AIDS Leadership Council in 2003. He went on to report that the City has been a leader responding to HIV/AIDS. The AIDS Leadership Council was formed in 2001 with a charge to reinvigorate the City around HIV/AIDS issues, especially in regards to policy. Populations the City has identified at greater risk are immigrants; the homeless and those at

risk of homelessness; users of non-intravenous drugs like cocaine, methamphetamines and alcohol; transgendered individuals; and those engaged in survival sex and sex workers. The White Paper provides a framework for the AIDS Coordinator's Office to use in funding and supporting services. Barriers to prevention identified are lack of City/County coordination, federal restrictions, fiscal restrictions and the lack of community involvement. The White Paper has a separate section specifically addressing housing needs, and recommends filling the vacant HOPWA Coordinator position; better coordination among agencies; community involvement; full expenditure of funding and acquisition of additional funding, especially in regards to illegal immigrants; and strategic planning with needs assessment. Moving forward, there will be a plan for implementation, regular updates and outreach for community feedback. Mr. Haupert suggested references to "OAPP" be changed to "OAPP and the Commission on HIV Health Services". Mr. Simon replied that it would be changed.

- **700 Form**: Ms. DeAugustine said submission of the form is required, noting that there are fines for non-compliance.

VII. **OAPP REPORT**

A. Residential/Substance Abuse Rate Study: Mr. Henry noted the rate study was important in connecting the standards of care to the reimbursement mechanism. The process was done in partnership with the Commission, the Auditor-Controller and providers. Mercer Human Resource Consulting, Inc. was charged with reviewing existing rates and their relationships, as well as setting and making recommendations about rate adjustments, especially while assuring that agencies can maintain standards of care.

Dr. Abraham said the study uses a direct care staff model. A critical goal is to maximize limited resources, for example, through identifying services that might be reimbursed through other funding sources. There are six residential care service categories and five substance abuse service categories. Several care standards, national and local, were reviewed to ensure accurate comprehensive service descriptions. Cost analysis was based on cost reports routinely required from providers. The study identifies rate implementation and quality service delivery barriers.

Mr. Villegas emphasized the underlying principle behind the rate system. Components of the descriptions of standards are articulated in cost profiles so as to build rates on the defined standards. The most important variable cost component is direct staff, both in numbers and qualification level of staff. Rates can be built on that core cost by defining an adequate direct care staff profile for a service, then relating other costs to the direct care cost.

Dr. Abraham added that performance measures were incorporated into service descriptions so that compliance to the standard could be tracked, monitored and reported. Mr. Villegas noted that most, though not all, service rates went up. In some cases, a change in the standards of care affected notable rate changes. As a published rate system, rates are not negotiable though they respond to different circumstances, like changes in standards of care. They do not respond, however, to economies of scale. While client co-pays would also assist in filling gaps, Mercer felt there was minimal unrealized revenue available and any transition to Title 19 (Medicaid) funding would be complicated by co-pays.

Dr. Abraham said the report was presented to elicit feedback. OAPP would need to make timely decisions in preparation for contract development, including reporting requirements and appropriate flexibility for mid-contract adjustments, preliminary to RFP release in April 2004. Service implementation was planned for March 2005. There are several policy decisions and training opportunities identified as part of contract development and implementation.

Mr. Engeran asked if there was a sense of which criteria would be used to establish rates. Mr. Henry replied that, in consideration of the study's quality and the emphasis on quality both from the Commission and federal partners, OAPP felt it should accept the adjusted rates. He noted there is a significant under-utilization of Medi-Cal reimbursement. Group home populations, for example, are entirely reimbursable through Medi-Cal and the Department of Children and Family Services. Hospice care is predominantly reimbursable through Medi-Cal and also benefits by a strong shift to In-Home Health Services where feasible. Mr. Haupert asked how predictive the structure was in terms of a changing disease landscape. Also, he asked, how adaptive is the architecture to services for populations with cultural bases for other practitioners in residential settings. Mr. Villegas replied that it is a rate system, rather than a set of rates, and, therefore, adapts according to who, how many, and what are the qualifications of direct care staff and it adapts to program-related costs.

Ms. Broadus asked the Commission to address its role in light of the proposed rate system, for example, how would its standards of care be integrated. Mr. Henry said that would be part of the next steps. He added that March 1, 2005 implementation was an agreement made with the Board at their directive. OAPP had asked Mercer to spell out policy issues for discussion.

It was noted that three committees are particularly relevant to this study. Issues of third party reimbursement, Medi-Cal and technical assistance to providers are being addressed by the Finance Committee as part of their Financial Needs Assessment. Mr. Henry said he would be recommending that Priorities and Planning support accessing State capacity building funds for Medi-Cal certification, as well as addressing cost impact. Standards of Care also bear a responsibility regarding service descriptions and the standards.

Mr. Engeran said it was important to craft the motion and do the process in a way that will help the Commission work in the future to bring the rate studies into the system. The rate study system can create a level playing field and indicates a sophistication of the service delivery model that is remarkable. Mr. Perry expressed concern about raising rates when funding was flat-funded since it could result in reducing the number of people served. Ms. DeAugustine called attention to the presentation's emphasis on seeking third party reimbursement to leverage the other funds.

Dr. Younai said she was unclear how quality measures would be incorporated into this system. Mr. Henry said OAPP was working with the Auditor-Controller to extend the Mercer contract so they would be available during the development of the RFP to provide both staff and provider training. There are opportunities as part of data collection, contract negotiation and contract monitoring to address that issue. He emphasized that it was a process. Mr. Haupert said it was important to analyze this process so that it could be of most value for future priority and allocations cycles.

MOTION #2A: Moved by Ms. Broadus and seconded by Mr. Land to modify the time frame not to go beyond the April 2004 Commission meeting so that: 1) Standards of Care (SOC) Committee will review and make recommend-ations regarding "service descriptions" comprised in the rate study architecture; 2) Priorities and Planning (P&P) Committee will review the rate study architecture to determine its compatibility with the Comprehensive Care Plan; 3) Finance Committee will determine capacity building and technical assistance needs to remove barriers from providers seeking Medi-Cal and other revenue reimbursements; and 4) Joint Public Policy (JPP) Committee will remain vigilant in its efforts to increase support and advocate for issues related to funding of last resort (e.g., Medi-Cal, third party, private and other); 5) CHHS consider the recommendations from the SOC, P&P, Finance and JPP and determine the best course of action during its April 2004 general meeting. **Passed: 29 *Ayes, 1 Abstention.***

B. **Miscellaneous**: Mr. Henry said that OAPP has received notification from the Los Angeles County Drug and Alcohol Program Administration (ADPA) that it is reducing the HIV set-aside funds in their block grant for treatment and substance abuse prevention by $500,000 as of July 1st. He suggested that be referred to the Finance and the Priorities and Planning Committees for fact finding. Ms. Broadus requested the committees also look at possible reductions in CDC funds.

In light of the Commission's transition to a stand-alone structure under the Executive office and consistent with the recent KPMG management review of OAPP, Ray Johnson has been appointed as liaison between the Commission and OAPP. All requests for materials and other coordination should be directed through Mr. Johnson.

The third rate review area to be addressed is Medical Outpatient. That has gone out to bid through the Auditor-Controller. It is anticipated that the rate study will begin in March. Consistent with the directive to OAPP from the Board, RFPs will be put out in March 2005 with new contracts in place by December 2005.

Notification of the Title I Award had not been received. The federal budget for the October 2003 through September 2004 federal fiscal year was signed. It reflects essentially flat-funding, so, though unofficial word indicates that the application was well-received, Mr. Henry thought it was likely that that the award will remain about the same.

There was a Board motion to provide a 90-day time frame to review more extensively a set of guidelines in commercial sex venues that may include a host of HIV prevention interventions. OAPP worked with the Board

offices on the motion that also includes addressing the relationship of guidelines to potential ordinance changes to ensure consequences.

X. **HIV EPIDEMIOLOGY REPORT**: Mr. Bunch updated HIV surveillance progress. Over 9,000 HIV cases have been reported, with almost 8,000 reported in 2003; 11,000 cases are pending investigation. He noted he will lose almost a dozen temporary, 12-month funded staff at the end of March. An application to the CDC has been submitted for additional core surveillance staff funds. About 80% of case reports are completed by his staff. AIDS case surveillance cases increased from about 1,300 in 2001, to 1,700 in 2002, to 2,500 in 2003. The laboratory-based surveillance system is catching previously unreported cases. Current AIDS prevalence is over 19,000, representing a 100% increase since 1993. Data is not complete enough for report use as yet, both due to uneven geographical distribution and because evaluation has not been done. Los Angeles County will participate in an 18-month State evaluation process that is planned to begin in July 2004.

- **National Behavioral Surveillance Study Update:** Populations studied include MSM aged 18 and over living in Los Angeles County. In subsequent years, IDU and heterosexuals at increased sexual risk will be included. This surveillance is intended to complement HIV and AIDS case reporting to monitor the magnitude and direction of the epidemic. The first year goal is to interview 1,000 MSM and conduct HIV testing on a minimum of 500 of those interviewed. Prevalence and incidence will be estimated for each of the seven study sites. Sampling began in December 2003. 175 men have been enrolled with an enrollment rate of 70%.

IX. **STATE OFFICE OF AIDS (OA) REPORT**: Ms. Pierce-Hedge reported the following:

- She noted OA allocates Title II funds to State administered programs: ADAP ($90.9M), community-based care case management ($447K), Care/HIPP insurance premium program ($221K), consortium care programs ($2.8M).
- ADAP served about 11,000 clients with 350,000 prescriptions with an average cost of $8, 157 in FY 2002-2003. During that time period, there were about 157 new clients per month.
- OA has sent a letter to invite one representative from each Title I grantee and planning council to a meeting in Sacramento on April 6th to better coordinate action. Medi-Cal and Alcohol and Drug have also been invited. Mr. Freehill suggested including the State Program of Managed Care and the Veterans Administration.
- She advised there was a problem in funding Care/HIPP, a cost effective program that saves $7.66 for every $1 spent on ADAP. She reported a shortfall of $1.5M for FY 2004-2005. Without increased funding, it will be necessary to stop enrolling clients after six months, limit time on the program or some other strategy to stretch funds. Mr. Freehill added that maintaining insurance for people also leverages Title I funds for another $11-12 per $1 spent.
- Recent prevention RFP initiatives on high-risk priorities identify MSM, IDU and Prevention With Positives.
- OA has hired a multi-cultural, African-American, HIV/AIDS specialist who will be developing a statewide initiative to address the African-American epidemic.
- At the end of February there will be a Central Points Conference, supported by both care and prevention, to address HIV prevention among substance using populations.
- OA is looking at various ways to save funds with ADAP such as using mail order to reduce costs. ADAP is currently estimated to be about $25M short-funded.
- In response to Mr. Freehill, Ms. Pierce-Hedge said allocations to districts for Title II will primarily be through the CHPG working group in April with public comment. While administratively money could be moved from local areas to keep ADAP whole, that could affect local funding.

Julie Cross is the OA Benefits Consultant, a new position. She provided a benefits update:

- The federal Medi-Care Reform Act was implemented last year that provides a prescription drug benefit, Medi-Care Part D, by contracting through private pharmacy mangers and HMOs to provide a drug benefit for the first time. Medi-Care Advantage refers to clients using HMO coverage.
- Most PWLH have been found disabled under Social Security Administration rules and has been on Social Security Disability Insurance (SSDI) for at least two years though some are eligible because they are over 65.
- Full implementation will be January 2006. A temporary discount card will be available in May or June 2004.
- Premiums, co-pays and deductibles vary with the private plan chosen by the person and the person's income.
- It is important for PWLH to be aware that HMOs might change their formulary.
- The California Family Temporary Disability Program takes effect this year allowing six months of paid leave to care for a seriously ill child, family member or partner.
- Social Security last updated the HIV/AIDS disability definition in 1993 before ARV treatment was well-developed. The definition is now being revised. A public comment meeting will be held in San Francisco next week. Mr. Freehill suggested certification frequency be reviewed since it has changed over time from disabled for life to more

frequent re-certification. Ms. Cross replied there was an effort to bring all HIV-related issues under one category as re-certification often occurs when a person is certified under another definition like mental health.

- The governor's proposed budget includes a reduction in provider wage and elimination of In-Home Supportive Services benefits. That could increase demand on community-based waiver programs.
- There is a proposal to suspend State and Federal SSI cost of living increases.
- There is a proposal to cap Healthy Families enrollment.
- Major cuts were not proposed for Medi-Cal, but reform of the entire process is proposed for 2005-2006. An 1115 Waiver to alter the Medicaid/Medi-Cal formula is proposed that would create a multi-tiered system of mandatory or optional beneficiary. Mandatory beneficiaries would receive the full range of benefits while optional beneficiaries would receive a baseline range of benefits while initiating co-pays for including other benefits. It is expected that the waiver request will be submitted in October.
- Better disease and case management is also being reviewed.

Discussion continued on the Governor's proposed $15 billion bond measure, spikes in certain ADAP formulary medications, MOE and matching fund requirements, the impact of proposed cutbacks on undocumented citizens, and other issues related to the proposed cutbacks. Mr. Engeran indicated the JPP had a large community meeting to discuss issues related to the proposed cutbacks. Mr. Freehill then reported on the timeline for the state budget.

XI. **PREVENTION PLANNING COMMITTEE (PPC) REPORT**: Ms. Talamantes reported that the PPC met twice, on January 20 and January 22, 2004 to discuss the prevention plan and recommended resource allocations. BRGs designated for increased allocations were women at sexual risk (from 12% to 15%) and transgenders (from 2% to 8%). It was decided to address Prevention For Positives by risk group rather than as a whole.

Ms. Broadus asked how the PPC was addressing crack cocaine, crystal meth and perinatal transmission. Also, in a 2nd District review of STD clinics, about 30% of PWLH/A did not identify with a BRG. How was the PPC addressing those who did not fit into BRGs. Ms. Watt replied that the new prevention plan had indicators to better identify those not in BRGs. Crack cocaine is a more recent indicator of sexual risk, so it is beginning to be addressed. Ms. Talamantes noted that a key approach to reach non-identifiers is through their sexual partners. Ms. Broadus clarified that she was concerned about prevention for women who are considering pregnancy rather than those already pregnant, especially in a community context. It was generally agreed that the PPC would provide a fuller presentation on their work.

Mr. Freehill noted the difference between planning and service models. The application of services incorporates flexability to reach various groups.

XII. **STANDING COMMITTEE REPORTS**

A. **Standards of Care Committee**

1. ***Case Management Standards of Care***: Dr. Younai introduced Alicia Avalos, Co-Chair of the Case Management Task Force, to present the revised psychosocial standards for consideration and 30-day public comment.
   - The goal of case management is enhanced independence and increased quality of life for PWLH/A.
   - Services are offered through community-based, hospital-based and home-care organizations.
   - Standards were first developed in 1996; approved by the Task Force and the Commission in 1998.
   - Updated version has more tools for case managers like the code of ethics and client involvement
   - It emphasizes the prevention aspect, with three of six goals focussing on prevention.
   - Intensive services to ensure clients do not follow out of care and are adherent are emphasized.
   - Psychosocial assessment has been updated with a focus on medication and barriers to medical care.
   - There are 24 agencies currently involved in the task force representing a broad range of providers. New members are welcome.

2. ***Patients Bill of Rights***: Dr. Younai noted that County Counsel was now evaluating it for inclusion in the next set of contracts.

B. **Recruitment, Diversity and Bylaws (RD&B) Committee**

1. ***Ordinance Review Recommendations***: It was agreed that public comments would be given to the Co-Chairs in writing as part of the 30-day public comment. Mr. Palomo, the new RD&B Co-Chair, noted the Ordinance revisions were needed to align the Ordinance with the more mature Commission's stronger role. Mr. Butler provided a presentation of proposed changes, noting that they would be open for public comment for one month.

C. **Joint Public Policy (JPP) Committee**:

1. ***Proposed State Budget Cuts***: Mr. Engeran noted that the resolution passed by the Commission would come before the Board on Tuesday, February 17, 2004. He encouraged people to attend in support. He added there had been collaboration with many partners. Mr. Perry added that SCHAC was involved in coordinating a number of rallies, as well as town halls for education and training.

2. ***Briefing Protocol***: Mr. Engeran said this was crafted as a method for briefing the Supervisors' offices while acknowledging differences in approach among the areas. ***(MOTION #3)*** Approved without objection.

D. **Priorities and Planning Committee**:

1. ***Priority- and Allocation-Setting Process:*** Mr. Land reported that Jo Messore, Title I Project Officer, said that the evaluation section of the Comprehensive Care Plan had the greatest need for enhancement. While goals and objectives are well-defined, she said, evaluation of progress is not well-defined. Services evaluation, she noted, depends on the building blocks of standards and measurable outcomes developed by the planning council and incorporated into monitoring done by the grantee. Mr. Land said the assignment of responsibility for implementing the Comprehensive Care Plan needs to be more clearly defined between the Commission and the grantee to address evaluation issues even as strong cooperation is maintained. He noted the priority- and allocation-setting process was done in the fall, including multiple Committee roundtables with SOC and Finance.

   - Mr. Haupert noted the Commission was still in a transition toward continuous needs assessment and a more articulated process of establishing priorities and allocations. For that reason, P&P is asking for Commission concurrence in this year's truncated process.
   - Currently, there are 21 steps for the process. It is more complete than last year's and will be further enhanced for next year's process.
   - Service needs assessment is about to be enhanced by a series of ongoing, IRB-approved studies about to begin.
   - Directives include establishing service priorities and informing the financial needs assessment that will then loop back into priority- and allocation setting.
   - Assessment of effectiveness and quality of services provided includes efficiency and client satisfaction, implementation of unit costs, tracking aggregate service outcome data and plans Continuous Quality Improvement (CQI).
   - Financial Needs Assessment looks at all sources of funding and potential cost savings.
   - Directives for Implementation structures recommend methods for meeting needs, determines allocations and important trends to be considered, and documents the process and results to OAPP for implementation.
   - Dr. Cohen detailed the Continuous Data Collection process which will allow data queries for consumer needs, barriers, quality assessment, consumer satisfaction and utilization to inform priorities- and allocation-setting.
   - Existing information in data collection ongoing contract monitoring, client tracking system and epidemiological information. The current focus is to use this information more concisely and accurately.
   - HIV/AIDS Care Assessment Project (H-CAP) is a new, two-component, continuing, consumer data collection program. One component is an annual questionnaire of 850 PWHIV/AIDS stratified for a representative population over time. The other is a focus group component to add depth and explore emerging trends.
   - Dr. Long described the Human Subject Protection legal requirements for ethical principles, policies and procedures, including respect for those involved and informed consent from them, the preponderance of potential benefits over risks to participants, and equitable subject selection and treatment.
   - The 1996 Health Insurance Portability and Accountability Act (HIPAA) also requires physical, technical and administrative safeguards against inappropriate use or disclosure.
   - Dr. Nwachuku reported that two Institutional Review Board (IRB) applications were submitted.
   - The IRB for the questionnaire using Internet, online interviews and in-person interviews has been approved.
   - There will be focus groups on four topics per year, with two groups of about twelve people per topic recruited from the questionnaire pool. That IRB application is in the process of being submitted.
   - Providers are being asked to assist with random client selection and the consent procedure for participation.
   - Unique identifiers are used for clients in the study and they can withdraw at any time.
   - There is training for all staff involved.

2. ***Commissioner Pledge:*** Mr. Haupert asked Commissioners to complete and turn in the pledge of support for priority- and allocation-setting process provided in the meeting packet.

E. **Finance Committee**: There was no report.

XII. **COMMISSIONER COMMENT:** There were no comments.

XIII. **ANNOUNCEMENTS**:

- Mr. Haupert reported the University AIDS Research Program (UARP) Statewide Conference was February 20th. UARP is funded by the State legislature and addresses research that leads to research on policy development of issues like people falling out of care.
- Mr. Perry announced that February 26th was sponsoring a NATAP presentation on HIV-Hepatitis C co-infection.
- Mr. Eastman announced that the third meeting supporting the resolution for medical marijauna would be March 13th.

XIV. **ADJOURNMENT**: The meeting was adjourned in memory of Ray Allington, who died of HIV-Hepatitis C co-infection, and Albert DeAugustine, Ms. DeAugustine's father, at 3:45 p.m.

MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda.	***Passed by Consensus***	**Motion Passes**
MOTION #2: Approve minutes of the January 8, 2004 meeting with addition of *William Fuentes'* name to those in attendance and alterations to State Office of AIDS Report indicated in *italics*: ▪ Tom McCaffrey ~~had been reported~~ *is* the new Deputy Director of Health and Human Services ▪ OA has been discussing cost-containment strategies for the ADAP program. ~~and~~ *Local jurisdictions are* dealing with the challenges of cutbacks in viral load and resistance testing. ▪ The impact of proposed cutbacks on undocumented citizens: OA programs are blind to status, *she replied,* and that information is not compiled; Mr. Vrooman, Being Alive—*South Bay*, reported on the California Disability Community Action Network teleconferencing meetings…	***Passed by Consensus***	**Motion Passes**
MOTION #2a: Modify the proposed substance abuse and residential rate study time frame (presented by the Office of AIDS Programs and Policy and the Mercer Group) so that the Commission on HIV Health Services may take the following actions from February 2004 - March 2004, not to extend beyond April 2004: 1) Standards of Care (SOC) Committee will review and make recommendations regarding "service descriptions" comprised in the rate study architecture; 2) Priorities and Planning (P&P) Committee will review the rate study architecture to determine its compatibility with the Comprehensive Care Plan; 3) Finance Committee will determine capacity building and technical assistance needs to remove barriers from providers seeking Medi- Cal and other revenue reimbursements; and 4) Joint Public Policy (JPP) Committee will remain vigilant in its efforts to increase support and advocate for issues related to funding of last resort (e.g., Medi-Cal, third party, private and other); 5) CHHS consider the recommendations from the SOC, P&P, Finance and JPP and determine the best course of action during its April 2004 general meeting.	***ROLL CALL VOTE:*** ***Aye:*** Acosta, Adams, Bailey, Ballesteros, Broadus, Butler, Caranto, Carter, DeAugustine, Eastman, Fuentes, Gray, Griggs, Haupert, Johnson-Heath, Kaplan, Hamilton, Land, Long, Marte, Mendia, Ortega, Palomo, Perry, Pierce-Hedge, Schwartz, Van Vreede, Watt, Younai, ***Abstention:*** Engeran	**Motion Passes** ***Ayes:*** 29; ***Abstentions:*** 1

MOTION #3: Adopt Briefing Protocol and forward it to a joint RD&B/JPP work group to convert it into Commission policies and procedures.	***Passed by Consensus***	**Motion Passes**